

Event Details

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000085480	Buy	RFx	1
Event Round	Version		
1	1		
Event Name			
BAP TRAININGS RFQ - Event # 85480			
Start Time		Finish Time	
09/29/2025 15:19:00 EDT		10/29/2025 16:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS

Submit To: Indiana Dept of Health
IN Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States

Contact: Sean Stevens - 00400
Phone:
Email: SeStevens@health.in.gov

Event Description

Deliver in-person and virtual Brief Action Planning (BAP) Training.

See scope of work for details and specifications.

If you are viewing the event through the bidder portal, please be sure to check <https://www.in.gov/idoa/procurement/current-business-opportunities/> for additional details and documents related to this event.

Please submit completed paperwork and or questions you may have to SeStevens@Health.IN.Gov

General Comments

- 1. Project implementation date: November 30, 2025.
- 2. Completion date: June 29, 2026.
- 3. Deliver in-person and virtual Brief Action Planning (BAP) Training
 - a. Provide 10 in-person BAP Trainings to Indiana health systems, chosen by the Indiana Department of Health (IDOH);
 - b. Provide virtual BAP trainings to 15 Individuals working in Indiana organizations, organizations chosen by IDOH;
 - c. For those completing in-person and virtual trainings, provide a 30-minute practice and feedback session with expert trainers and provide BAP certification;
- 4. Deliver one (1) Brief Action Planning Train the Trainer Workshop, in-person;
 - a. Train those who are already certified in Brief Action Planning.
- 5. AND deliver one (1) Motivational Interviewing (MI) training for 12 individuals from Indiana organizations, organizations chosen by IDOH.
- 6. If travel is needed, please detail needed travel costs.
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Line Details

No Bid: ☐

Line: 1	Item ID:	Line Qty: 1	UOM: Each	Weighting: 100%	Bid Qty: 1
Required: No	Reserve Price: No				

Description: FY26 - CONTRACT RFQ - CHRONIC DISEASE - BRIEF ACTION PLANNING RFQ

Comments:

- <<Scope of Work:
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Question	UOM	Best	Worst	Weighting	Response
What is your quote/bid price?				100%	

Required: Yes Mandatory Response: No

Response Comments

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Bidder Information

Firm Name:		
Name:	Signature:	Date:
Phone #:	Fax #:	
Street Address:		
City & State:	Zip Code:	
Email:		